

6-18-00

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	DML	69169	11/2/00

INDEX OF CLAIMS

- | | | | |
|---|---------------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| + | (Through numeral)..... Canceled | A | Appeal |
| - | Restricted | O | Objected |

Claim		Date	
Final	Original		
1	11/2/00		
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Claim		Date	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here